

EXHIBIT 3

1 IN THE UNITED STATES DISTRICT COURT
2 FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
3 CHARLESTON DIVISION
4
5 IN RE: ETHICON, INC., PELVIC)
6 REPAIR SYSTEM PRODUCTS) Master File No.:
7 LIABILITY LITIGATION) 2:12-MD-02327
8
9 THIS DOCUMENT RELATES TO THE) MDL-2327
10 FOLLOWING CASES IN WAVE 1 OF)
11 MDL 200:)
12 DIANE KROPF)
13 (Case No. 2:12-cv-01202),)
14 Judy Williams) JOSEPH R. GOODWIN
15 (Case No. 2:12-cv-00657),) U.S. DISTRICT JUDGE
16 Myra Byrd)
17 (Case No. 2:12-cv-00748),)
18)
19 Angela Coleman)
20 (Case No. 2:12-cv-01267),)
21)
22 Susan Thamen (Reeves))
23 (Case No. 2:12-cv-00279),)
24)
25 Donna Zoltowski)
26 (Case No. 2:12-cv-00811),)
27)
28 Plaintiffs,)
29 vs.)
30)
31 ETHICON, INC., ET AL.,)
32)
33 Defendants.)
34)
35 -----)

DEPOSITION UPON ORAL EXAMINATION

OF JOSEPH M. CARBONE, M.D.

T_{VT}

Danville, Virginia
23 Thursday, March 17, 2016, 5:45 p.m.
24 Reported by: Bobbi J. Case, RPR, CCR

1 A. Like I said, I'm sure I've reviewed some, but
2 the one I'm most familiar with is Amid.

3 Q. Okay. Is it fair to say you're most familiar
4 with the Amid classification, but there are probably
5 other classifications that exist on pore size related
6 to mesh?

7 A. I can't say that with certainty.

8 Q. You can't say with certainty whether there's
9 any mesh classification on pore size besides Amid.
0 Correct?

10 Correct?

11 A. Correct.

12 Q. Ethicon has never sent you any documents or
13 medical literature related to a pore size
14 classification other than Amid. Correct?

15 A. I don't recall.

16 0. You don't know one way or the other?

17 A. I don't recall.

18 Q. Okay. Do you customarily implant TVT mesh in
19 obese patients?

20 A. Yes.

21 Q. Do you have any --

22 Has Ethicon ever told you not to put TVT mesh
23 in obese patients?

24 A. No.

1 Q. Are you aware of any Ethicon marketing
2 materials that specifically target obese women?

3 A. "Targeting"? I'm not aware of any Ethicon
4 materials where they specifically target obese women.

5 Q. Okay. Are you aware of any Ethicon materials
6 that state -- that recommends using TTV mesh in obese
7 patients?

8 A. Recommends using? No.

9 Q. Okay. You stated the other day you've
10 removed about 50 to 40 mesh products in women.

11 Correct?

12 A. Probably about that.

13 Q. Mostly Ethicon mesh products. Correct?

14 A. Yes.

15 Q. What were the indications for some of those
16 removals?

17 A. Most of the indications were erosion.

18 Q. When's the last time you did a removal
19 surgery?

20 A. Tuesday.

21 Q. Tuesday? What product was it?

22 A. Spark.

23 Q. Spark? Erosion?

24 A. Yes.

1 Q. Pain?

2 A. No.

3 Q. Dyspareunia?

4 A. Yes.

5 Q. Dyspareunia?

6 A. Yes.

7 Q. Did you remove all the mesh?

8 A. No.

9 Q. Why not?

10 A. Because I removed the exposed mesh.

11 Q. Trimmed it?

12 A. No. I dissected it free and tunneled under,
13 excised a segment of mesh, oversewed the vaginal
14 epithelium, and removed the mesh.

15 Q. When's the last time you removed an Ethicon
16 mesh product?

17 A. Probably last year.

18 Q. Okay. Do you recall which Ethicon mesh
19 product it was?

20 A. No, I don't.

21 Q. Okay. Have you ever removed a TVT mesh
22 product from a woman because of an erosion?

23 A. Yes.

24 Q. Have you ever removed a TVT mesh product from

1 Q. I mean partners.

2 A. Urology partners or --

3 Q. Urology partners.

4 A. Urology partners, there are two.

5 Q. Two urology partners at your practice?

6 A. Yes.

7 Q. Including yourself?

8 A. Yes.

9 Q. How many other partners?

10 A. I'm counting. Six.

11 Q. Six total partners?

12 A. No.

13 Q. Eight total partners?

14 A. It's supposed to be seven. Seven total
15 partners.

16 Q. Okay. So we've got seven total partners at
17 your practice?

18 A. Yes.

19 Q. So when you put in an Ethicon mesh sling, the
20 proceeds from that Ethicon mesh sling you put in are
21 split between seven partners?

22 A. Yes -- eight.

23 Q. Okay.

24 A. Eight total partners.

1 Q. I'm not going to go back to it.

2 A. Thank you.

3 Q. Do you consider yourself an expert on TVT
4 warning statements, yes or no?

5 A. Yes. I have read the warning statements. I
6 have taught physicians regarding warnings about the
7 procedure. I have read the warning statements
8 themselves. So I'm uniquely an expert regarding the
9 warning statements.

10 Q. Do you know who Dr. Piet Hinoul is?

11 A. I'm sorry?

12 Q. Do you know who Dr. Piet Hinoul is?

13 A. No.

14 Q. Should the TVT IFU warning statement include
15 the frequency of the risks associated with the TVT
16 device, yes or no?

17 A. Which risks?

18 Q. All of them. Yes or no. All of them. I'm
19 not distinguishing between risks.

20 A. No. It should be the risks specific to the
21 TVT device, not all pelvic surgery.

22 Q. Okay. So frequency of the risk you just
23 described not required to be in a TVT IFU. Correct?

24 MR. ROSENBLATT: You mean like a certain

1 percentage?

2 BY MR. JONES:

3 Q. Do you understand what the word "frequency"
4 means?

5 A. It depends on --

6 Q. You don't understand what the word
7 "frequency" means?

8 A. I don't understand how you're using it, no.

9 Q. Okay. Do you understand what the word
10 "severity" means?

11 A. It's a scale, but it's a very subjective
12 scale.

13 Q. Do you believe -- have you ever reviewed the
14 deposition testimony of Piet Hinoul? You don't know
15 who he is. Right?

16 Do you know who Piet Hinoul is, Dr. Carbone,
17 yes or no?

18 A. I'm trying to answer your other question.

19 Q. I'll strike that question. I'll withdraw it.

20 The question pending is: Do you know who
21 Dr. Piet Hinoul is?

22 A. No.

23 Q. Okay. Do you know who Catherine Beath is?

24 A. No.

1 A. It's a no.

2 Q. Thanks.

3 A. All right.

4 Q. Trust me, it's a lot better on the record if
5 you answer the questions.

6 Dr. Erikson, do you know who Dr. Erikson is?

7 A. Yes, I do, Debbie Erikson.

8 Q. And I take it you know him from your time
9 as --

10 A. Do I know him?

11 Q. -- as a consultant?

12 Him. Ty Erikson.

13 A. I got --

14 Q. Dr. Ty Erikson.

15 A. I got the wrong --

16 Q. You don't know Dr. Ty Erikson in Idaho?

17 A. I apologize.

18 Q. Okay. He states, "Many slings require a
19 higher skill set to make sure you're reproducing its
20 application. So in training I think the Abbrevio, when
21 you spread it out to the larger mass of surgeons, will
22 have a more reproducible result than mini slings."

23 Do you agree or disagree with the content of
24 that statement?

1 A. I disagree with it.

2 MR. JONES: Okay. I think that's all the
3 questions I have, Doctor. Okay.

4

5 EXAMINATION

6 BY MR. ROSENBLATT:

7 Q. All right. Doctor, my name is Paul
8 Rosenblatt. I represent Ethicon. I'm going to ask you
9 a few questions to follow up after your general
10 depositions on ProLift, TVT and TVT-O. Okay?

11 A. Okay.

12 Q. Now, I understand you brought with you a
13 number of materials. Is that correct?

14 A. Yes.

15 Q. And those would be the three bankers boxes of
16 documents that have been printed out in the binders
17 behind us?

18 A. Yes.

19 Q. And are those materials that you would have
20 reviewed in this case?

21 A. Yes.

22 Q. Okay. Doctor, in your practice have you gone
23 back and done any type of systematic review of your
24 complications?

1 A. I've asked my office manager to look up the
2 ICD-9 codes for erosion of the mesh for the vagina, and
3 she was able to provide for me several years of
4 ICD-9 -- well, ICD-9 and ICD-10 codes now, and that's
5 how I was able to come up with the number of
6 complications that I quoted.

7 Q. And based on these complication codes or CPT
8 or -- what was the --

9 A. ICD-9 and ICD-10 coding.

10 Q. Based on that coding, what were you able to
11 determine, based on the data available, was your
12 complication rate for mesh erosions?

13 A. I would say my complication rate was a little
14 lower than the reported complication rate in the
15 medical literature, the randomize control trial, the
16 analysis.

17 Q. And would be this be for the TVT products?

18 A. For the TVT products and also for some of the
19 Prolene -- sorry, the Prolift product and Prosimma.

20 Q. Okay.

21 A. I should say prolapse products. I put them
22 all together.

23 Q. Now, would you agree that the erosion rates
24 that you just told us, are a little bit lower than some

1 of the averages we've seen in the medical literature?

2 A. Yes.

3 Q. To the best of your understanding, why do you
4 think that might be?

5 A. Well, to the best of my understanding, I feel
6 like my patient population is a unique patient
7 population in that I get the first swing at things.

8 They are a patient population that had not
9 been operated on before, typically, with respect to
10 urinary incontinence and pelvic floor prolapse. So I'm
11 not dealing with re-operations, and I'm able to provide
12 the first and best operation for the patient for their
13 urinary incontinence and pelvis floor prolapse.

14 Q. And, Doctor, I think you mentioned to
15 Mr. Jones that you were one of the only, if not the
16 only, subspecialty female pelvic medicine
17 reconstructive surgery -- surgeons in the -- was it the
18 Southern Virginia area?

19 MR. JONES: I will object to form.

20 THE DEPONENT: Yes. To the best of my
21 understanding, I'm the only female pelvic medicine
22 reconstructive surgeon from about Suffolk to the Blue
23 Ridge Mountains.

24

1 BY MR. ROSENBLATT:

2 Q. And would you say in a rural area such as
3 Southern Virginia, that your follow-up with patients is
4 pretty high?

5 MR. JONES: Objection.

6 THE DEPONENT: I believe my follow-up with
7 patients is pretty high.

8 BY MR. ROSENBLATT:

9 Q. Now, Doctor, have you reviewed the
10 literature, the randomized control trials, evaluating
11 Prolift and other vaginal mesh kits compared to native
12 tissue repairs for pelvic organ prolapse?

13 A. I have.

14 Q. And when you reviewed those randomized
15 control trials, did they show any difference between
16 rates of vaginal or pelvic pain or de novo dyspareunia?

17 MR. JONES: Objection.

18 THE DEPONENT: No significant differences.

19 BY MR. ROSENBLATT:

20 Q. So, Doctor, when counsel was asking you
21 questions about does the product cause pain, would you
22 like to explain some of the answers that you were
23 trying to give there?

24 MR. JONES: Objection.

1 THE DEPONENT: When he asked me that
2 question, I said I don't attribute it to the product.
3 I attribute it to the pelvic surgery, and any pelvic
4 surgery for the treatment of prolapse is associated
5 with complications. The unique complication associated
6 with the use of mesh products, specifically the ProLift
7 product, is erosion of the mesh.

8 Now, if you're talking about pain, if you're
9 talking about dyspareunia, de novo dyspareunia, I don't
10 attribute that specifically to the product. I
11 attribute that to the pelvic surgery.

12 BY MR. ROSENBLATT:

13 Q. And is it fair to say that the pain or
14 dyspareunia is a well-known complication by surgeons in
15 their field for any pelvic floor surgery?

16 MR. JONES: Objection.

20 BY MR. ROSENBLATT:

21 Q. And, Doctor, you're offering opinions about
22 the adequacy of the warnings in the Prolift, TVT, and
23 TVT-O instructions for use. Correct?

24 A. Yes, I am.

1 Q. And what are your opinions regarding the IFUs
2 for Prolift, TVT, and TVT-O?

3 A. I believe they adequately restricted the
4 unique complications associated with those products.

5 Q. And --

6 MR. JONES: These questions were asked
7 already, but go ahead.

8 BY MR. ROSENBLATT:

9 Q. What are you -- how do you know what --
10 strike that.

11 What are you basing your opinions on that the
12 IFUs are adequate?

13 MR. JONES: Objection.

14 THE DEPONENT: I have -- first and foremost,
15 I have my education and my training. I have my
16 experience, but more than that, you can look at a
17 number of different reports in the medical literature
18 regarding randomized control trials using these
19 products, and the safety and efficacy regarding those
20 products, and the statements also of the main
21 societies, including the AUA, OGS, SUFU, as well as the
22 general knowledge that pelvic floor surgeons have
23 regarding pelvic floor surgery.

24

1 BY MR. ROSENBLATT:

2 Q. And where and when do surgeons in their field
3 get this basic understanding of complications
4 associated with pelvic floor surgery?

5 MR. JONES: Objection.

6 THE DEPONENT: The basic complication occurs
7 in medical school and in residency training.

8 BY MR. ROSENBLATT:

9 Q. And then what is the significance, if any, of
10 surgeons in your field keeping up with the medical
11 literature?

12 MR. JONES: Objection.

13 THE DEPONENT: The importance of the surgeons
14 maintaining a contemporary understanding of the medical
15 literature keeps them up-to-date with respect to
16 products that are coming out and techniques that are
17 available for the treatment.

18 BY MR. ROSENBLATT:

19 Q. And would it be fair to say that surgeons in
20 your field do not rely on the instructions for use as
21 the only source of obtaining information about risk?

22 MR. JONES: Objection.

23 THE DEPONENT: I would expect that the
24 surgeons in my field should not rely solely on the

1 THE DEPONENT: Yes.

2 BY MR. ROSENBLATT:

3 Q. And what types of things would you discuss
4 with other surgeons in the didactic sessions?

5 MR. JONES: Objection.

6 THE DEPONENT: We discussed the procedures.

7 We discussed the anatomy. We discussed the
8 pathophysiology. We discussed complications associated
9 with the procedure. We discussed the technique. We
10 discussed the literature. And we tried to point out --
11 when surgeons came with speculation, we would try to
12 provide them with high-level information, or direct
13 them to high-level information, that would be
14 independent of any Ethicon materials or publications so
15 that they can make their own judgment regarding the
16 product.

17 Q. Why do you rely on high-level medical
18 literature?

19 A. Well, the high-level medical literature
20 provides compelling evidence. It minimizes outliers.
21 It collects randomized control trials that minimize
22 confounders, and it -- and in the systematic reviews,
23 it collects the data from different randomized control
24 trials.

1 Q. And are your opinions set forth in your
2 report about the safety of the design and adequacy of
3 the warnings as to Prolift, the TVT, and the TVT-O,
4 based on your review of the Level 1 medical literature?

5 A. That, and my clinical experience and my
6 training.

7 Q. Would you also rely on your discussions with
8 other surgeons?

9 A. Yes.

10 MR. JONES: Objection.

11 THE DEPONENT: My discussions with other
12 surgeons. My interaction with physicians, with
13 clinicians. My interactions with my patients.

14 BY MR. ROSENBLATT:

15 Q. And, Doctor, we looked at Exhibit 5, which is
16 a -- it looks like a history of your payments, and I
17 believe counsel tallied them up and it came to about
18 \$452,000 over a ten-year period. Does that sound
19 correct?

20 MR. JONES: Object to form.

21 THE DEPONENT: Sounds correct.

22 BY MR. ROSENBLATT:

23 Q. Could you just tell us what type of
24 consulting activities you performed for Ethicon between

1 2003 --

2 MR. JONES: Objection. Asked and answered.

3 THE DEPONENT: What I did for Ethicon was to
4 educate clinicians, and obviously, the sales force,
5 with respect to the pathophysiology, with respect to
6 the pathologic conditions relating to pelvic floor
7 prolapse and relating to stress urinary incontinence,
8 and the clinical use of those products for the
9 treatment of these conditions.

10 Q. Were you proud of the professional education
11 work that you did?

12 A. I was very proud of the educational work that
13 I did.

14 Q. Now, if you were spending time teaching other
15 surgeons professional education on the Prolift, TVT,
16 and TVT-O products, amongst others, would you have to
17 forgo the time that you would have spent in your
18 clinic?

19 MR. JONES: Objection.

20 THE DEPONENT: Yes.

21 BY MR. ROSENBLATT:

22 Q. And would it be fair to say that -- or did it
23 provide you any financial -- strike that.

24 Did you consider the payments that Ethicon

1 paid to you for your consulting work and teaching other
2 surgeons and the sales force, to be fair market value?

3 A. It was. In fact, I probably would have made
4 more money had I stayed at home.

5 Q. So why did you teach professional education
6 for Ethicon?

7 MR. JONES: Objection.

8 THE DEPONENT: Because I enjoyed interacting
9 with clinicians. I like interacting with the
10 engineers. I like expanding my knowledge base and the
11 people I interact with. I'm proud of educating people.

12 BY MR. ROSENBLATT:

13 Q. And I know you weren't really able to spit
14 off the exact pore sizes or the exact weights in
15 response to plaintiff's questioning, but would that
16 type of information have been contained in the
17 professional education materials that you would have
18 been teaching at that time?

19 MR. JONES: Objection. Form.

20 BY MR. ROSENBLATT:

21 Q. And when I say "that information," I mean --

22 MR. JONES: Same objection.

23 BY MR. ROSENBLATT:

24 Q. -- product -- information about the product

1 design.

2 MR. JONES: Same objection.

3 THE DEPONENT: The --

4 BY MR. ROSENBLATT:

5 Q. I'll strike that.

6 Doctor, you're offering opinions about the
7 design of Prolift, TVT, and TVT-O. Correct?

8 A. Yes.

9 Q. And what are your opinions about whether or
10 not the designs are safe?

11 MR. JONES: Asked and answered, Paul.

12 THE DEPONENT: They are safe.

13 BY MR. ROSENBLATT:

14 Q. And what are you basing that opinion on?

15 MR. JONES: Asked and answered.

16 THE DEPONENT: I'm basing that opinion on
17 medical literature from the Cochrane review comparing
18 native tissue repairs to the mesh products. I'm
19 referring to the SGS article that, again, compares the
20 two. And there are comparable risks with respect to
21 dyspareunia pelvic pain.

22 BY MR. ROSENBLATT:

23 Q. And would it be fair to say you're just
24 describing a few studies, but there are a significant

1 number of other studies?

2 MR. JONES: Objection. Leading.

3 THE DEPONENT: They're ones I highlight, but

4 there are a number of other studies that I reviewed

5 that look into that question and collaborate that --

6 corroborate those findings.

7 BY MR. ROSENBLATT:

8 Q. And, Doctor, you told counsel that you

9 currently use the TVT Abbrevo and TVT Exact. Is that

10 correct?

11 A. Yes.

12 Q. Are you using the TVT Abbrevo and TVT Exact
13 because you have any concerns about the TVT mesh that's
14 used in the TVT Retropubic and the TVT-O?

15 MR. JONES: Objection. Leading.

16 THE DEPONENT: No.

17 BY MR. ROSENBLATT:

18 Q. Do you have any opinions about whether or not
19 the TVT Abbrevo and TVT Exact are safer than the
20 TVT Retropubic or TVT-O?

21 MR. JONES: Objection. Asked and answered.

22 THE DEPONENT: I believe they're equivalent.

23 BY MR. ROSENBLATT:

24 Q. And, Doctor, are you drawing on your

1 experiences from not only teaching professional
2 education and implanting the ProLift, TVT, and TVT-O,
3 but also removing some mesh when necessary?

4 A. Yes.

5 Q. And when you've removed mesh from patients,
6 have you ever noticed any type of degradation, particle
7 loss, fraying, curling, or roping?

8 MR. JONES: Objection. Asked and answered.

9 THE DEPONENT: I've never seen any of those.

10 BY MR. ROSENBLATT:

11 Q. And when you've removed mesh at times, if
12 there was mesh in any tissue, did you see good tissue
13 integration?

14 MR. JONES: Objection.

15 THE DEPONENT: Yes.

16 MR. JONES: Leading.

17 BY MR. ROSENBLATT:

18 Q. And counsel asked you a question about does
19 Ethicon know more about the design of TVT than you, and
20 you responded that, well, you would know more about the
21 clinical use. Would you just tell us what you mean by
22 drawing on your experiences with the clinical use of
23 the design of TVT?

24 MR. JONES: Objection.

1 THE DEPONENT: From an engineering
2 standpoint, material science standpoint -- I'm not an
3 engineer, but as a surgeon who uses the product, I'm
4 aware of how the body reacts to the product, I'm aware
5 how the body incorporates the product. I'm aware of
6 how the product is safe and effective in the body, and
7 in identifying and removing mesh that has eroded, I can
8 actually see the incorporation of a tissue in the
9 product.

10 BY MR. ROSENBLATT:

11 Q. Are you drawing on any of your experience
12 from using meshes that were not Amid Type 1 meshes?

13 A. No.

14 MR. JONES: Objection.

15 BY MR. ROSENBLATT:

16 Q. Are you familiar with complications that are
17 associated with meshes that are not Amid Type 1 meshes?

18 A. Yes.

19 Q. And how do the complications with those
20 meshes that are not Amid Type 1 compare to meshes like
21 TVT and Prolift that are Amid Type 1?

22 MR. JONES: Objection. Leading.

23 THE DEPONENT: The complications are much
24 higher in non-Amid Type 1 meshes.

1 BY MR. ROSENBLATT:

2 Q. And when considering the design of a pelvic
3 floor mesh as the end user of that design, what
4 significance, if any, does the Amid Type 1
5 classification have for you regarding the design of the
6 mesh?

7 A. Well, the Amid Type 1 classification is the
8 type of mesh that is most biologically compatible and
9 is appropriate for the use, for the treatment of stress
10 urinary incontinence and pelvic floor prolapse in
11 women.

12 Q. Is there any other experience that you have
13 with the design of pelvic mesh that we have not
14 discussed today?

15 MR. JONES: Objection.

16 THE DEPONENT: I have spoken with the
17 engineers, I have interacted with the surgeons, I have
18 taught about the pelvic mesh, and I have learned
19 extensively about the pelvic mesh.

20 BY MR. ROSENBLATT:

21 Q. And someone who has taught not only about the
22 design of the mesh, but also the warnings, would you
23 consider yourself an expert in the TVT warnings and
24 adverse reactions?

1 A. Yes. He had asked that.

2 Q. And would the same be true --

3 MR. JONES: Good point.

4 BY MR. ROSENBLATT:

5 Q. -- for Prolift?

6 MR. JONES: Objection. Asked and answered
7 again.

8 THE DEPONENT: Yes.

9 BY MR. ROSENBLATT:

10 Q. Counsel also asked you questions about
11 whether or not you analyzed Ethicon internal complaints
12 about the various complications. And my question to
13 you is: Have you analyzed the Level 1 evidence that's
14 been published in the peer reviewed literature for
15 complications associated with Prolift, TVT, and TVT-O?

16 MR. JONES: Same Objection.

17 THE DEPONENT: Yes.

18 BY MR. ROSENBLATT:

19 Q. And are the complications that are reported
20 in the medical literature for the most part consistent
21 with your clinical experience?

22 A. Yes.

23 Q. Now, there were several agreements that we
24 looked at. I want to show you Exhibit 9.

1 Counsel had you read Section 9-B, but just a
2 portion of it. What is the first sentence that counsel
3 did not read?

4 A. "For consulting activities for EG, cadaveric
5 labs, telesurgery, and proctorship, et cetera,
6 compensation will be determined based on the extent of
7 travel required and the amount of time preceptor is
8 required to be away from the office."

9 Q. Now, would it be fair to say that if you were
10 teaching other surgeons, that you weren't always able
11 to do that in your own office?

12 MR. JONES: Objection. Leading.

13 THE DEPONENT: Yes.

14 BY MR. ROSENBLATT:

15 Q. And would you expect to be compensated for
16 your time out of the office if you're training another
17 surgeon?

18 MR. JONES: Objection. Asked and answered.

19 THE DEPONENT: Yes.

20 BY MR. ROSENBLATT:

21 Q. Counsel also mentioned something about you
22 weren't allowed to discuss anything unless it was
23 approved by Ethicon. Was there anything, while you
24 were teaching professional education, that you felt you

1 COMMONWEALTH OF VIRGINIA AT LARGE, to wit:

2 I, Bobbi J. Case, Registered Professional Court
3 Reporter and Notary Public for the Commonwealth of
4 Virginia at Large, and whose commission expires
5 October 31, 2019, do hereby certify that the
6 within-named deponent, JOSEPH M. CARBONE, M.D.,
7 appeared before me at Danville, Virginia, as
8 hereinbefore set forth, and after being first duly
9 sworn by me, was thereupon examined by counsel for the
10 parties; that his examination was recorded in Stenotype
11 by me and reduced to computer printout under my
12 direction; and that the foregoing constitutes a true,
13 accurate, and complete transcript of such proceeding,
14 produced to the best of my abilities. I further
15 certify that deponent was not advised of reading and
16 signing. I further certify that I am not related to
17 nor otherwise associated with any counsel or party to
18 this proceeding, nor otherwise interested in the event
19 thereof.

20 Given under my hand and notary seal this 23rd
21 day of March 2016 at Virginia Beach, Virginia.

22



23

Bobbi J. Case, RPR, CCR
NCRA No. 837774, VCRA No. 0315042
Notary No. 181018

24